

FROM :

FAX NO. : 16309619301

Feb. 20 2015 11

Exhibit

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Form **433-A**

(Rev. December 2012)

Department of the Treasury
Internal Revenue Service**Collection Information Statement for Wage
Earners and Self-Employed Individuals**

Wage Earners Complete Sections 1, 2, 3, 4, and 5 including the signature line on page 4. Answer all questions or write *N/A* if the question is not applicable.
Self-Employed Individuals Complete Sections 1, 3, 4, 5, 6 and 7 and the signature line on page 4. Answer all questions or write *N/A* if the question is not applicable.
 For Additional Information, refer to Publication 1854, "How To Prepare a Collection Information Statement."
 Include attachments if additional space is needed to respond completely to any question.

Name on Internal Revenue Service (IRS) Account	Social Security Number SSN on IRS Account	Employer Identification Number EIN
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Section 1: Personal Information

1a Full Name of Taxpayer and Spouse (if applicable) JAMES ANTHONY COSMANO		1c Home Phone [REDACTED]	1d Cell Phone [REDACTED]
1b Address (Street, City, State, ZIP code) (County of Residence) 450 E. WATERSIDE DRIVE 1301 CHICAGO, IL 60601		1e Business Phone [REDACTED]	1f Business Cell Phone ()
2a Marital Status: <input type="checkbox"/> Married <input checked="" type="checkbox"/> Unmarried (Single, Divorced, Widowed)		2b Name, Age, and Relationship of dependent(s) N/A	
3a Taxpayer	Social Security No. (SSN) [REDACTED]	Date of Birth (mm/dd/yyyy) 05/12/1964	Driver's License Number and State [REDACTED]
3b Spouse			

Section 2: Employment Information for Wage Earners

If you or your spouse have self-employment income instead of, or in addition to wage income, complete Business Information in Sections 6 and 7.

Taxpayer		Spouse	
4a Taxpayer's Employer Name N/A		5a Spouse's Employer Name	
4b Address (Street, City, State, and ZIP code)		5b Address (Street, City, State, and ZIP code)	
4c Work Telephone Number ()	4d Does employer allow contact at work <input type="checkbox"/> Yes <input type="checkbox"/> No	5c Work Telephone Number ()	5d Does employer allow contact at work <input type="checkbox"/> Yes <input type="checkbox"/> No
4e How long with this employer (years) (months)	4f Occupation	5e How long with this employer (years) (months)	5f Occupation
4g Number of withholding allowances claimed on Form W-4	4h Pay Period: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other	5g Number of withholding allowances claimed on Form W-4	5h Pay Period: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other

Section 3: Other Financial Information (Attach copies of applicable documentation)

6 Are you a party to a lawsuit (if yes, answer the following)				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	Location of Filing	Represented by	Docket/Case No.	
Amount of Suit \$	Possible Completion Date (mm/dd/yyyy)	Subject of Suit		
7 Have you ever filed bankruptcy (if yes, answer the following)				
Date Filed (mm/dd/yyyy)	Date Dismissed (mm/dd/yyyy)	Date Discharged (mm/dd/yyyy)	Petition No.	Location Filed
8 In the past 10 years, have you lived outside of the U.S. for 6 months or longer (if yes, answer the following)				
Dates lived abroad: from (mm/dd/yyyy)		To (mm/dd/yyyy)		
9a Are you the beneficiary of a trust, estate, or life insurance policy (if yes, answer the following)				
Place where recorded:		EIN:		
Name of the trust, estate, or policy		Anticipated amount to be received \$	When will the amount be received	
9b Are you a trustee, fiduciary, or contributor of a trust				
Name of the trust:		EIN:		
10 Do you have a safe deposit box (business or personal) (if yes, answer the following)				
Location (Name, address and box number(s))		Contents	Value	
43 E. GOLF ROAD ARLINGTON HEIGHTS, IL 60005		NOTHING	\$ 0	
11 In the past 10 years, have you transferred any assets for less than their full value (if yes, answer the following)				
List Asset(s)	Value at Time of Transfer	Date Transferred (mm/dd/yyyy)	To Whom or Where was it Transferred	

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Form 433-A (Rev. 12-2012)

02/20/2015 11:52AM (GMT-06:00)

FROM :

FAX NO. :16309619301

Feb. 20 2015 11:49AM P4

Form 433-A (Rev. 12-2012)

Page 2

Section 4: Personal Asset Information for All Individuals**12 CASH ON HAND** Include cash that is not in a bank **Total Cash on Hand** \$ **0****PERSONAL BANK ACCOUNTS** Include all checking, online and mobile (e.g., PayPal) accounts, money market accounts, savings accounts, and stored value cards (e.g., payroll cards, government benefit cards, etc.).

Type of Account	Full Name & Address (Street, City, State, ZIP code) of Bank, Savings & Loan, Credit Union, or Financial Institution	Account Number	Account Balance As of <u>02192015</u> mmdd/yyyy
13a SAVINGS	JPMORGAN CHASE BANK PO BOX 858754	[REDACTED]	\$ 754
13b SAVINGS	JPMORGAN CHASE BANK PO BOX 858754	[REDACTED]	\$ 527
13c			\$
13d Total Cash (Add lines 13a through 13c, and amounts from any attachments)			\$ 1,281

INVESTMENTS Include stocks, bonds, mutual funds, stock options, certificates of deposit, and retirement assets such as IRAs, Keogh, and 401(k) plans. Include all corporations, partnerships, limited liability companies, or other business entities in which you are an officer, director, owner, member, or otherwise have a financial interest.

Type of Investment or Financial Interest	Full Name & Address (Street, City, State, ZIP code) of Company	Current Value	Loan Balance (if applicable) As of <u>mmdd/yyyy</u>	Equity Value minus Loan
14a N/A				
14b	Phone	\$	\$	\$
14c	Phone	\$	\$	\$
14d	Phone	\$	\$	\$
14d Total Equity (Add lines 14a through 14c and amounts from any attachments)				\$ 0

AVAILABLE CREDIT Include all lines of credit and bank issued credit cards. Full Name & Address (Street, City, State, ZIP code) of Credit Institution

	Credit Limit	Amount Owed As of <u>02192015</u> mmdd/yyyy	Available Credit As of <u>02192015</u> mmdd/yyyy
15a NORDSTROM PO BOX 79137 PHOENIX, AZ 85062-9137			
Acct. No. [REDACTED]	\$ 10,000	\$ 623	\$ 9,377
15b CHASE PO BOX 18123 WILMINGTON, DE 19850-5123			
Acct. No. [REDACTED]	\$ 10,500	\$ 0	\$ 10,500
15c Total Available Credit (Add lines 15a, 15b and amounts from any attachments)			\$ 42,477

16a LIFE INSURANCE Do you own or have any interest in any life insurance policies with cash value (Term Life Insurance does not have a cash value)☐ Yes ☒ No If yes, complete blocks 16b through 16f for each policy.

16b Name and Address of Insurance Company(ies):			
16c Policy Number(s)			
16d Owner of Policy			
16e Current Cash Value	\$	\$	\$
16f Outstanding Loan Balance	\$	\$	\$

16g Total Available Cash (Subtract amounts on line 16f from line 16e and include amounts from any attachments) \$ **0**

Form 433-A (Rev. 12-2012)

FROM :

FAX NO. :16309619301

Feb. 20 2015 11:49AM P5

Form 433-A (Rev. 12-2012)

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REAL PROPERTY include all real property owned or being purchased

	Purchase Date (mmddyyyy)	Current Fair Market Value (FMV)	Current Loan Balance	Amount of Monthly Payment	Date of Final Payment (mmddyyyy)	Equity FMV Minus
17a Property Description						
CONDOMINIUM	01/2008	\$ 800,000	\$ 802,085	\$ 3,151	01/2038	\$
Location (Street, City, State, ZIP code) and County 450 E. WATERSIDE DRIVE 1301 CHICAGO, IL 60601			Lender/Contract Holder Name, Address (Street, City, State, ZIP code), and CAPITAL ONE 380 PO BOX 17000 BALTIMORE, MD 21297-1000			
			Phone 18009339100			
17b Property Description						
RESIDENTIAL HOME- MOM'S HOME	08/1971	\$ 185,000	\$ 183,000	\$ 2,278	01/2038	\$
Location (Street, City, State, ZIP code) and County 2202 LAWRENCE LANE MT. PROSPECT, IL 60056			Lender/Contract Holder Name, Address (Street, City, State, ZIP code), and JPMORGAN CHASE PO BOX 9001871 LOUISVILLE, KY 40280-1871			
			Phone 18009359835			

17c Total Equity (Add lines 17a, 17b and amounts from any attachments)

\$

PERSONAL VEHICLES LEASED AND PURCHASED include boats, RVs, motorcycles, all-terrain and off-road vehicles, trailers, etc.

Description (Year, Mileage, Make/Model, Tag Number, Vehicle Identification Number)	Purchase/Lease Date (mmddyyyy)	Current Fair Market Value (FMV)	Current Loan Balance	Amount of Monthly Payment	Date of Final Payment (mmddyyyy)	Equity FMV Minus
18a Year	Make/Model					
2004	JEEP WRANGLER	01/2008	\$ 1900	\$ 0	0	\$
Mileage	License/Tag Number	Lender/Lessor Name, Address (Street, City, State, ZIP code), and Phone				
105,000	V98 4998	N/A				
Vehicle Identification Number		Phone				
1J4FA39S74P784391						
18b Year	Make/Model					
Mileage	License/Tag Number	Lender/Lessor Name, Address (Street, City, State, ZIP code), and Phone				
Vehicle Identification Number		Phone				

18c Total Equity (Add lines 18a, 18b and amounts from any attachments)

\$

PERSONAL ASSETS include all furniture, personal effects, artwork, jewelry, collections (coins, guns, etc.), antiques or other assets. Include intangible assets such as licenses, domain names, patents, copyrights, mining claims, etc.

	Purchase/Lease Date (mmddyyyy)	Current Fair Market Value (FMV)	Current Loan Balance	Amount of Monthly Payment	Date of Final Payment (mmddyyyy)	Equity FMV Minus
19a Property Description						
N/A						
Location (Street, City, State, ZIP code) and County		Lender/Lessor Name, Address (Street, City, State, ZIP code), and Phone				
		Phone				
19b Property Description						
Location (Street, City, State, ZIP code) and County		02/20/2015 11:52AM (GMT-06:00) Ph				

FROM :

FAX NO. :16309619301

Feb. 20 2015 11:50AM P6

Form 433-A (Rev. 12-2012)

Page 4

If you are self-employed, sections 6 and 7 must be completed before continuing.

Section 5: Monthly Income and Expenses

Monthly Income/Expense Statement (For additional information, refer to Publication 1854.)

Total Income		Total Living Expenses		IRS USE ONLY
Source	Gross Monthly	Expense Items ⁶	Actual Monthly	Allowable Expenses
20 Wages (Taxpayer) ¹	\$ 0	35 Food, Clothing and Misc. ⁷	\$ 600	
21 Wages (Spouse) ¹	\$ 0	36 Housing and Utilities ⁸	\$ 4900	
22 Interest - Dividends	\$ 0	37 Vehicle Ownership Costs ⁹	\$ 0	
23 Net Business Income ²	\$ 0	38 Vehicle Operating Costs ¹⁰	\$ 800	
24 Net Rental Income ³	\$ 0	39 Public Transportation ¹¹	\$ 0	
25 Distributions (K-1, IRA, etc.) ⁴	\$ 0	40 Health Insurance	\$ 0	
26 Pension (Taxpayer)	\$ 0	41 Out of Pocket Health Care Costs ¹²	\$ 0	
27 Pension (Spouse)	\$ 0	42 Court Ordered Payments	\$ N/A	
28 Social Security (Taxpayer)	\$ 0	43 Child/Dependent Care	\$ N/A	
29 Social Security (Spouse)	\$ N/A	44 Life Insurance	\$ 0	
30 Child Support	\$ N/A	45 Current year taxes (Income/FICA) ¹³	\$ 0	
31 Alimony	\$ N/A	46 Secured Debts (Attach list)	\$ 0	
Other Income (Specify below) ⁵	\$ 0	47 Delinquent State or Local Taxes	\$ 0	
32	\$ 0	48 Other Expenses (Attach list)	\$ 0	
33	\$ 0	49 Total Living Expenses (add lines 35-48)	\$ 5800	
34 Total Income (add lines 20-33)	\$ 0	50 Net difference (Line 34 minus 49)	\$ 0	

1 **Wages, salaries, pensions, and social security:** Enter gross monthly wages and/or salaries. Do not deduct tax withholding or allotments taken out of pay, such as insurance payments, credit union deductions, car payments, etc. To calculate the gross monthly wages and/or salaries:

If paid weekly - multiply weekly gross wages by 4.3. Example: \$425.89 x 4.3 = \$1,831.33

If paid biweekly (every 2 weeks) - multiply biweekly gross wages by 2.17. Example: \$972.45 x 2.17 = \$2,110.22

If paid semimonthly (twice each month) - multiply semimonthly gross wages by 2. Example: \$856.23 x 2 = \$1,712.46

2 **Net Income from Business:** Enter monthly net business income. This is the amount earned after ordinary and necessary monthly business expenses are paid. This figure is the amount from page 6, line 89. If the net business income is a loss, enter "0". Do not enter a negative number. If this amount is more or less than previous years, attach an explanation.

3 **Net Rental Income:** Enter monthly net rental income. This is the amount earned after ordinary and necessary monthly rental expenses are paid. Do not include deductions for depreciation or depletion. If the net rental income is a loss, enter "0." Do not enter a negative number.

4 **Distributions:** Enter the total distributions from partnerships and subchapter S corporations reported on Schedule K-1, and from limited liability companies reported on Form 1040, Schedule G, D or E. Enter total distributions from IRAs if not included under pension income.

5 **Other Income:** Include agricultural subsidies, unemployment compensation, gambling income, oil credits, rent subsidies, etc.

6 **Expenses not generally allowed:** We generally do not allow tuition for private schools, public or private college expenses, charitable contributions, voluntary retirement contributions or payments on unsecured debts. However, we may allow the expenses if proven that they are necessary for the health and welfare of the individual or family or the production of income. See Publication 1854 for exceptions.

7 **Food, Clothing and Miscellaneous:** Total of food, clothing, housekeeping supplies, and personal care products for one month. The miscellaneous allowance is for expenses incurred that are not included in any other allowable living expense items. Examples are credit card payments, bank fees and charges, reading material, and school supplies.

8 **Housing and Utilities:** For principal residence: Total of rent or mortgage payment. Add the average monthly expenses for the following: property taxes, homeowner's or renter's insurance, maintenance, dues, fees, and utilities. Utilities include gas, electricity, water, fuel, oil, other fuels, trash collection, telephone, cell phone, cable television and internet services.

9 **Vehicle Ownership Costs:** Total of monthly lease or purchase/loan payments.

10 **Vehicle Operating Costs:** Total of maintenance, repairs, insurance, fuel, registrations, licenses, inspections, parking, and tolls for one month.

11 **Public Transportation:** Total of monthly fares for mass transit (e.g., bus, train, ferry, taxi, etc.)

12 **Out of Pocket Health Care Costs:** Monthly total of medical services, prescription drugs and medical supplies (e.g., eyeglasses, hearing aids, etc.)

13 **Current Year Taxes:** Include state and Federal taxes withheld from salary or wages, or paid as estimated taxes.

Certification: Under penalties of perjury, I declare that to the best of my knowledge and belief this statement of assets, liabilities, and other information is true, correct, and complete.

Taxpayer's Signature

James Corrado

Spouse's signature

Date

2-19-15

After we review the completed Form 433-A, you may be asked to provide verification for the assets, encumbrances, income and expenses reported. Documentation may include previously filed income tax returns, pay statements, self-employment records, bank and investment statements, loan statements, bills or statements for recurring expenses, etc.

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Form 433-A (Rev. 12-2012)

02/20/2015 11:52AM (GMT-06:00)

FROM :

FAX NO. :16309619301

Feb. 20 2015 11:50AM P7

Form 433-A (Rev. 12-2012)

Page 5

Sections 6 and 7 must be completed only if you are SELF-EMPLOYED.**Section 6: Business Information**

51 Is the business a sole proprietorship (filing Schedule C) ☒ Yes, Continue with Sections 6 and 7. ☐ No, Complete Form 433-B.
All other business entities, including limited liability companies, partnerships or corporations, must complete Form 433-B.

52 Business Name & Address (if different than 1b)
COSMANO LAW OFFICES, 1900 E. GOLF RD., SUITE 950 SCHAUMBURG, IL 60173

53 Employer Identification Number **[REDACTED]** 54 Type of Business **ATTORNEY** 55 Is the business a Federal Contractor ☐ Yes ☒ No

56 Business Website (web address) **N/A** 57 Total Number of Employees **0** 58 Average Gross Monthly Payroll **0**

59 Frequency of Tax Deposits **0** 60 Does the business engage in e-Commerce (Internet sales) If yes, complete lines 61a and 61b ☐ Yes ☒ No

PAYMENT PROCESSOR (e.g., PayPal, Authorize.net, Google Checkout, etc.) Name & Address (Street, City, State, ZIP code) Payment Processor Account Number

61a N/A

61b

CREDIT CARDS ACCEPTED BY THE BUSINESS

Credit Card	Merchant Account Number	Issuing Bank Name & Address (Street, City, State, ZIP code)
62a VISA, DISCOVER	[REDACTED]	BANK OF AMERICA MERCHANT REPORTING PO BOX 6608 HAGERSTOWN MD 21741-6608
62b		
62c		

63 BUSINESS CASH ON HAND Include cash that is not in a bank. Total Cash on Hand \$ **0**

BUSINESS BANK ACCOUNTS Include checking accounts, online and mobile (e.g., PayPal) accounts, money market accounts, savings accounts, and stored value cards (e.g., payroll cards, government benefit cards, etc.). Report Personal Accounts in Section 4.

Type of Account	Full name & Address (Street, City, State, ZIP code) of Bank, Savings & Loan, Credit Union or Financial Institution.	Account Number	Account Balance As of 02/19/15 mmddyyyy
64a CHECKING	JPMORGAN CHASE BANK PO BOX 659754 SAN ANTONIO, TX 78265-9754	[REDACTED]	\$ 893
64b CHECKING	JPMORGAN CHASE BANK PO BOX 659754 SAN ANTONIO, TX 78265-9754	[REDACTED]	\$ 614
64c Total Cash in Banks (Add lines 64a, 64b and amounts from any attachments)			\$ 6,220

ACCOUNTS/NOTES RECEIVABLE Include e-payment accounts receivable and factoring companies, and any bartering or online auction accounts. (List all contracts separately, including contracts awarded, but not started.) Include Federal, state and local government grants and contracts.

Accounts/Notes Receivable & Address (Street, City, State, ZIP code)	Status (e.g., age, factored, other)	Date Due (mmddyyyy)	Invoice Number or Government Grant or Contract Number	Amount Due
65a N/A				\$
65b				\$
65c				\$
65d				\$
65e				\$
65f Total Outstanding Balance (Add lines 65a through 65e and amounts from any attachments)				\$ 0

Form 433-A (Rev. 12-2012)

FROM :

FAX NO. : 16309619301

Feb. 20 2015 11:51AM P8

Page 6

Form 433-A (Rev. 12-2012)

BUSINESS ASSETS Include all tools, books, machinery, equipment, inventory or other assets used in trade or business. Include a list and show the value of all intangible assets such as licenses, patents, domain names, copyrights, trademarks, mining claims, etc.

	Purchase/ Lease Date (mmddyyyy)	Current Fair Market Value (FMV)	Current Loan Balance	Amount of Monthly Payment	Date of Final Payment (mmddyyyy)	Equity FMV Minus Loan
66a Property Description N/A		\$	\$	\$		\$ 0
Location (Street, City, State, ZIP code) and Country		Lender/Lessor/Landlord Name, Address (Street, City, State, ZIP code), and Phone				
		Phone				
66b Property Description		\$	\$	\$		\$
Location (Street, City, State, ZIP code) and Country		Lender/Lessor/Landlord Name, Address (Street, City, State, ZIP code), and Phone				
		Phone				
66c Total Equity (Add lines 66a, 66b and amounts from any attachments)						\$ 0

Section 7 should be completed only if you are SELF-EMPLOYED

Section 7: Sole Proprietorship Information *Lines 67 through 89 should reconcile with business Profit and Loss Statement*

Accounting Method Used: ☒ Cash ☐ Accrual

Use the prior 3, 6, 9 or 12 month period to determine your typical business income and expenses.

Income and Expenses during the period (mmddyyyy) 02012014 to (mmddyyyy) 02012015

Provide a breakdown below of your average monthly income and expenses, based on the period of time used above.

Total Monthly Business Income		Total Monthly Business Expenses (Use attachments as needed)	
Source	Gross Monthly	Expense Items	Actual Monthly
67 Gross Receipts	\$ 800	77 Materials Purchased ¹	\$ 0
68 Gross Rental Income	\$ 0	78 Inventory Purchased ²	\$ 0
69 Interest	\$ 0	79 Gross Wages & Salaries	\$ 0
70 Dividends	\$ 0	80 Rent	\$ 85
71 Cash Receipts not included in lines 67-70	\$ 0	81 Supplies ³	\$ 200
Other Income (Specify below)		82 Utilities/Telephone ⁴	\$ 150
72	\$	83 Vehicle Gasoline/Oil	\$ 500
73	\$	84 Repairs & Maintenance	\$ 80
74	\$	85 Insurance	\$ 70
75	\$	86 Current Taxes ⁵	\$ 0
76 Total Income (Add lines 67 through 75)	\$ 800	87 Other Expenses, including installment payments (Specify)	\$ 2500
		88 Total Expenses (Add lines 77 through 87)	\$ 4585
		89 Net Business Income (Line 76 minus 88) ⁶	\$ 0

Enter the monthly net income amount from line 89 on line 23, section 5. If line 89 is a loss, enter "0" on line 23, section 5.
Self-employed taxpayers must return to page 4 to sign the certification.

1 Materials Purchased: Materials are items directly related to the production of a product or service.

2 Inventory Purchased: Goods bought for resale.

3 Supplies: Supplies are items used in the business that are consumed or used up within one year. This could be the cost of books, office supplies, professional equipment, etc.

4 Utilities/Telephone: Utilities include gas, electricity, water, oil, other fuels, trash collection, telephone, cell phone and business Internet.

5 Current Taxes: Real estate, excise, franchise, occupational, personal property, sales and employer's portion of employment taxes.

6 Net Business Income: Net profit from Form 1040, Schedule C may be used if duplicated deductions are eliminated (e.g., expenses for business use of home already included in housing and utility expenses on page 4). Deductions for depreciation and depletion on Schedule C are not cash expenses and must be added back to the net income figure. In addition, interest cannot be deducted if it is already included in any other installment payments allowed.

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FROM :

FAX NO. :16309619301

Feb. 20 2015 11:51AM P11

OTHER BUSINESS EXPENSES PER MONTH

<u>DESCRIPTION - ADVERTISING</u>	<u>AMOUNT</u>
STAMPS	1900
CARTRIDGES AND PAPER	600
DATA INFORMATION	900
TOTAL ADVERTISING	3,500